



Organization Resource Grant

Claim Form

Name of Organization: _____

Address: _____

Name of Event: _____

Location: _____

Dates: _____

Total Award: \$_____ Actual Expended \$_____

Return this form along with receipts and evaluation forms no later than 30 days after the event. Utah State Library Division will reimburse actual money expended up to awarded amount.

Return to:

K. C. Benedict, Continuing Education Coordinator

Utah State Library Division

250 North 1950 West, Suite A

Salt Lake City, Utah 84116-7901

1-800-662-9150

kbenedic@utah.gov